

**ISSUE SLIP STAPLE AREA (for additional cross references)**

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | JB       |        | 08-09-01 |
| O.I.P.E. CLASSIFIER       |          | 10     | 3-2-01   |
| FORMALITY REVIEW          | KB       | JZ-916 | 03-10-01 |
| RESPONSE FORMALITY REVIEW |          |        |          |

## **INDEX OF CLAIMS**

|                        |            |         |              |
|------------------------|------------|---------|--------------|
| ✓ .....                | Rejected   | N ..... | Non-elected  |
| = .....                | Allowed    | I ..... | Interference |
| — (Through numeral)... | Canceled   | A ..... | Appeal       |
| ÷ .....                | Restricted | O ..... | Objected     |

| Claim    | Date |
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| Final    |      |
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| Claim             | Date |  |
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| Claim | Date     |
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If more than 150 claims or 10 actions  
staple additional sheet here

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